AMENDMENT TRANSMITTAL LETTER

	Docket No.
	09637/000M888-US0

Application No. 10/613,523-Conf. #4557	Filing Date July 2, 2003	Examiner H. C. Le	Art Unit 3663

Applicant(s): Hisanobu Kanamaru et al.

Invention: DRIVE DEVICE FOR A MECHANICAL PRESS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

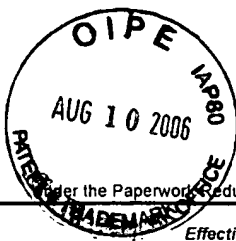The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	14	- 20	=	x	
Independent Claims	3	- 3	=	x	
Multiple Dependent Claims (check if applicable)			☐		
Other fee (please specify): Submission of an Information Disclosure Statement					180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					180.00

[x] Large Entity   ☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. ___04-0100___ in the amount of $ _____ .

[x] A check in the amount of $ ___180.00___ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

[x] The Director is hereby authorized to charge and credit Deposit Account No. ___04-0100___ as described below.

   [x] Credit any overpayment.

   [x] Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: ___August 10, 2006___

_____
Louis J. DelJuidice
Attorney/Agent Reg. No.: 47,522

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7791

8-14-06

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	10/613,523-Conf. #4557
Filing Date	July 2, 2003
First Named Inventor	Hisanobu Kanamaru
Examiner Name	H. C. Le
Art Unit	3663

TOTAL AMOUNT OF PAYMENT	($) 180.00	Attorney Docket No.	09637/000M888-US0

METHOD OF PAYMENT (check all that apply)

[x] Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number 04-0100 Deposit Account Name: **Darby & Darby P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

[x] Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, **except for the filing fee**

[x] Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
14	- 20 =	x _____ =	_____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	
Fee ($)	Fee Paid ($)
_____	_____

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
3	- 3 =	x _____ =	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
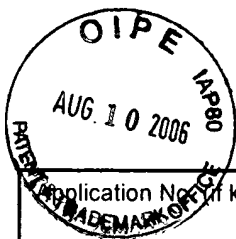
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____	- 100 = _____	/50 _____ (round up to a whole number) x	_____	= _____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement   180.00

SUBMITTED BY				
Signature	*[signature]*	Registration No. (Attorney/Agent)	47,522	Telephone (212) 527-7791
Name (Print/Type)	Louis J. DelJudice			Date August 10, 2006

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to:

EV 8 3 4 7 3 4 7 8 4 - US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on _____ August 10, 2006 _____
Date

_____
Signature

_____
Typed or printed name of person signing Certificate

_____   _____
Registration Number, if applicable   Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Amendment Transmittal Letter (1 page)
Amendment in Response to Non-Final Office Action (10 pages)
Supplemental Information Disclosure Statement (2 pages)
IDS (Citation) by Applicant/Form PTO/SB/08 (1 page)
Copy of 1 cited reference (4 pages)
Check No. *1 2 3 8 9* in the amount of $180.00
Return Receipt Postcard

{W:\09637\000M888US0\00821538.DOC ‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖ }